

NOTICE OF PESTICIDE APPLICATION

For further information regarding this notice, please contact the facility coordinator-

_____ (Name) _____ (Telephone) _____ (email)

The following pesticides may be applied at this facility:

1. - _____
2. - _____
3. - _____
4. - _____

A pesticide application is scheduled for _____ (Date) at _____ (Time)

Areas of application _____

Label use restrictions _____

Arizona Department of Agriculture License # (If applicable) _____

The application will be made by _____

Contact address _____

Contact telephone number _____

Email contact information _____

Further information including the product label, safety data sheet can be obtained from the above responsible individual or organization.

Per Arizona Revised Statute 3-3606, only a certified applicator may apply pesticides at a school or child care facility.